

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition																				
Name of Debtor (if individual, enter Last, First, Middle): Wlodarczyk, Albert S.				Name of Joint Debtor (Spouse) (Last, First, Middle):																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6468				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																						
Street Address of Debtor (No. & Street, City, State & Zip Code): 1022 N. Golden Gate Lane Palatine, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																						
ZIPCODE 60067				ZIPCODE																						
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:																						
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):																						
ZIPCODE				ZIPCODE																						
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE																						
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																						
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table border="0"><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000- 5,000</td><td>5,001- 10,000</td><td>10,001- 25,000</td><td>25,001- 50,000</td><td>50,001- 100,000</td><td>Over 100,000</td></tr></table>								<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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Estimated Assets <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Wlodarczyk, Albert S.	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Randall A. Wolff 9/21/08 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Wlodarczyk, Albert S.	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>/s/ Albert S. Wlodarczyk</u> Signature of Debtor Albert S. Wlodarczyk X _____ Signature of Joint Debtor _____ Telephone Number (If not represented by attorney) September 21, 2008 Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X <u>/s/ Randall A. Wolff</u> Signature of Attorney for Debtor(s) Randall A. Wolff 6188405 Printed Name of Attorney for Debtor(s) Randall A. Wolff Firm Name 3325 N. Arlington Hts. Rd., Ste. 500 Address Arlington Heights, IL 60004-1584 _____ Telephone Number September 21, 2008 Date <small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small>		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

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United States Bankruptcy Court
Northern District of Illinois

IN RE:

Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Albert S. Wlodarczyk

Date: September 21, 2008

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Case No. _____

Wlodarczyk, Albert S.Chapter **7**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 260,000.00		
B - Personal Property	Yes	3	\$ 15,517.45		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 237,868.88	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 842.70	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	13		\$ 281,051.16	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,000.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,138.00
TOTAL		25	\$ 275,517.45	\$ 519,762.74	

Page 6 of 50
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Wlodarczyk, Albert S.

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 842.70
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 842.70

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,000.00
Average Expenses (from Schedule J, Line 18)	\$ 4,138.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 3,000.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 842.70	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 281,051.16
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 281,051.16

IN RE Wlodarczyk, Albert S. Debtor(s) Case No. _____ (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
1022 Golden Gate Lane, Palatine, IL 60067	Fee Simple		260,000.00	237,868.88
TOTAL			260,000.00	

(Report also on Summary of Schedules)

IN RE **Wlodarczyk, Albert S.**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		On person		30.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		First Bank / checking account (#0866)		865.00
		First Bank / checking account (#2314)		0.00
		First Bank / savings account		2,565.62
		WaMu / checking account (#226-0)		2,456.83
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Furniture		300.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing		300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Wlodarczyk, Albert S.

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Suzuki SUV; Debtor is disabled; he is driven around in this vehicle		9,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				15,517.45

IN RE Wlodarczyk, Albert S. Case No. _____ Debtor(s) _____ (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
1022 Golden Gate Lane, Palatine, IL 60067	735 ILCS 5 §12-901	15,000.00	260,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
On person	735 ILCS 5 §12-1001(b)	30.00	30.00
First Bank / checking account (#0866)	735 ILCS 5 §12-1001(b)	500.00	865.00
First Bank / savings account	735 ILCS 5 §12-1001(b)	750.00	2,565.62
WaMu / checking account (#226-0)	735 ILCS 5 §12-1001(b)	2,420.00	2,456.83
Furniture	735 ILCS 5 §12-1001(b)	300.00	300.00
Clothing	735 ILCS 5 §12-1001(a)	300.00	300.00
2003 Suzuki SUV; Debtor is disabled; he is driven around in this vehicle	735 ILCS 5 §12-1001(c)	2,400.00	9,000.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 964063215228 First Bank 14001 Manchester Rd Ballwin, MO 63011		Revolving account opened 4/06				59,756.88	
		VALUE \$ 269,000.00					
ACCOUNT NO. 1560692442395 Washington Mutual Po Box 1093 Northridge, CA 91328		Mortgage account opened 3/05; Debtor believes loan is in default and a new foreclosure may have been filed; investigation continues				178,112.00	
		VALUE \$ 260,000.00					
ACCOUNT NO. Codilis, Ernest J., Jr. 15W030 N. Frontage Rd. Burr Ridge, IL 60527		Assignee or other notification for: Washington Mutual					
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 237,868.88	\$
Total (Use only on last page)						\$ 237,868.88	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE **Wlodarczyk, Albert S.**

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 40-0007975 Department Of The Treasury Internal Revenue Service Kansas City, MO 64999-0023		Possible claim for late filing				unknown		
ACCOUNT NO. 4531622 IDES Northern Region 260 East Indian Trail Road Aurora, IL 60505		Possible claim under the Unemployment Insurance Act				unknown		
ACCOUNT NO. IL Dept. Of Revenue Springfield, IL 62736-0001		2006 taxes				842.70	842.70	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Totals of this page)

\$ **842.70** \$ **842.70** \$

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ **842.70**

Total

(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **842.70** \$

IN RE **Wlodarczyk, Albert S.**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. BO7025192 Advantage Ambulance PO Box 1143 Bedford Park, IL 60499		Medical services				740.00
ACCOUNT NO. CCA PO Box 298 Norwell, MA 02061		Assignee or other notification for: Advantage Ambulance				
ACCOUNT NO. G-2003442-001 Adventist GlenOaks Hospital PO Box 4657 Oak Brook, IL 60522		Medical services				9,130.29
ACCOUNT NO. Merchants Credit Guide 223 W. Jackson Blvd. Chicago, IL 60606		Assignee or other notification for: Adventist GlenOaks Hospital				

12 continuation sheets attached

Subtotal
(Total of this page) \$ **9,870.29**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. North American Credit Services PO Box 182221 Chattanooga, TN 37422-7221		Assignee or other notification for: Adventist GlenOaks Hospital				
ACCOUNT NO. 004566-01 Alden - Long Grove Rehab & HCC Box 2308 Old Hicks Road Long Grove, IL 60047		Medical services				49,270.94
ACCOUNT NO. Kenneth Fisch, Esq. 4200 W. Peterson, #140 Chicago, IL 60646		Assignee or other notification for: Alden - Long Grove Rehab & HCC				
ACCOUNT NO. Alden Management Services 4200 W. Peterson Chicago, IL 60646		Medical services				55,313.60
ACCOUNT NO. 3366 Alexian Brothers Medical Center 4250 N. Marine Dr., #236 Chicago, IL 60613		Medical services				611.00
ACCOUNT NO. G00702180571 Alexian Brothers Medical Center 4250 N. Marine Dr., #236 Chicago, IL 60613		Medical services				39,474.00
ACCOUNT NO. Harris & Harris 600 W. Jackson Blvd., Ste. 400 Chicago, IL 60661		Assignee or other notification for: Alexian Brothers Medical Center				

Sheet no. 1 of 12 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **144,669.54**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Malcolm G. Gerald & Assoc. 332 S. Michigan Ave., Ste. 600 Chicago, IL 60604,		Assignee or other notification for: Alexian Brothers Medical Center				
ACCOUNT NO. 094-1-0002036335 Arlington Ridge Pathology 520 E. 22nd St. Lombard, IL 60148		Medical services				323.00
ACCOUNT NO. 094-1-0002331571 Arlington Ridge Pathology 520 E. 22nd St. Lombard, IL 60148		Medical services				158.00
ACCOUNT NO. 351007423 At And T Credit Management At&t Credit Manage Po Box 57907 Murray, UT 84157		Open account opened 9/93				22.00
ACCOUNT NO. 47726 Cardiovascular Associates Dept. 20 1027 PO Box 5940 Carol Stream, IL 60197		Medical services				280.00
ACCOUNT NO. ATG Credit PO Box 14895 Chicago, IL 60614		Assignee or other notification for: Cardiovascular Associates				
ACCOUNT NO. 4907399002 ComEd Bill Payment Center Chicago, IL 60668		Utility charges				48.93

Sheet no. 2 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **831.93**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S. Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 34332859 Credit Management 4200 International Pkwy Carrollton, TX 75007		Open account opened 6/07				114.00
ACCOUNT NO. 802-1-0001380418 DuPage Pathology Associates 520 E. 22nd St. Lombard, IL 60148		Medical services				35.00
ACCOUNT NO. 087-2-0002040412 Elk Grove Cardiology Assoc. 520 E. 22nd St. Lombard, IL 60148		Medical services				28.00
ACCOUNT NO. OSI Collection Services PO Box 959 Brookfield, WI 53008		Assignee or other notification for: Elk Grove Cardiology Assoc.				
ACCOUNT NO. Elk Grove Lab Physicians Dept. 77-9154 Chicago, IL 60678		Medical services				461.50
ACCOUNT NO. 67-8439840 Elk Grove Radiology 75 Remittance Dr., Ste. 6500 Chicago, IL 60675		Medical services				172.00
ACCOUNT NO. 870807240095 Emergency Room Doctor BestPractices Of Northwest PO Box 758682 Baltimore, MD 21275		Medical services				492.00

Sheet no. 3 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,302.50**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S. Case No. _____ Debtor(s) _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ending in 2314 First Bank M1-199-077 PO Box 548 Hazelwood, MO 63042		NSF charge				31.35
ACCOUNT NO. 33496 Forum Extended Care 7440 N. Frontage Rd. Skokie, IL 60077		Medical services				5,903.10
ACCOUNT NO. 2457249 Glenoaks Cardiology PO Box 7000 Bolingbrook, IL 60440		Medical services				20.00
ACCOUNT NO. 49587 Gott Goldrath & Troy 22285 Pepper Rd., Ste. 201 Barrington, IL 60010		Medical services				96.00
ACCOUNT NO. Transworld Systems 25 Northwest Point Blvd., #750 Elk Grove, IL 60007		Assignee or other notification for: Gott Goldrath & Troy				
ACCOUNT NO. 10303122 Harvard Collection 4839 N Elston Ave Chicago, IL 60630		Open account opened 7/07				227.00
ACCOUNT NO. 10303226 Harvard Collection 4839 N Elston Ave Chicago, IL 60630		Open account opened 7/07				120.00

Sheet no. 4 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **6,397.45**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10303175 Harvard Collection 4839 N Elston Ave Chicago, IL 60630		Open account opened 7/07				55.00
ACCOUNT NO. 4292 Hashemi Medical Group 4 Executive Ct., Ste. #3 S. Barrington, IL 60010		Medical services				2,148.00
ACCOUNT NO. Jolas & Associates 202 1st St., NW PO Box 4000 Mason City, IA 50401		Assignee or other notification for: Hashemi Medical Group				
ACCOUNT NO. 4244916353 I C System Po Box 64378 Saint Paul, MN 55164		Open account opened 8/07				4,187.00
ACCOUNT NO. 9936686 Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 7/07				86.00
ACCOUNT NO. 9936685 Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60487		Open account opened 7/07				86.00
ACCOUNT NO. 07-102795 Illinois Medi Car PO Box 1407 Elmhurst, IL 60126		Medical services				74.25

Sheet no. 5 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **6,636.25**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. United Recovery Service 18525 Torrence Ave., Ste. C-6 Lansing, IL 60438		Assignee or other notification for: Illinois Medi Car				
ACCOUNT NO. 07-219844 Illinois Medi Car PO Box 1407 Elmhurst, IL 60126		Medical services				66.97
ACCOUNT NO. United Recovery Service 18525 Torrence Ave., Ste. C-6 Lansing, IL 60438		Assignee or other notification for: Illinois Medi Car				
ACCOUNT NO. 07-220295 Illinois Medi Car PO Box 1407 Elmhurst, IL 60126		Medical services				66.97
ACCOUNT NO. 1162 Jacob L. Moskovic, MD 120 W. Eastman, #202 Arlington Hts., IL 60004		Medical services				200.00
ACCOUNT NO. WLOAL000 Jerome G. Zwierzycki, MD 420 Lake Cook Rd., Ste. 108 Deerfield, IL 60015		Medical services				200.00
ACCOUNT NO. 25080 Jurcik & Hantos 125 E. Lake Cook Rd., Ste. 208 Buffalo Grove, IL 60089		Medical services				1,400.00

Sheet no. 6 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,933.94**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE **Wlodarczyk, Albert S.**

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9701425 Kca Financial Svcs 628 North St Geneva, IL 60134		Open account opened 10/07				2,331.00
ACCOUNT NO. 9520476 Kca Financial Svcs 628 North St Geneva, IL 60134		Open account opened 9/07				492.00
ACCOUNT NO. 6142985 Kca Financial Svcs 628 North St Geneva, IL 60134		Open account opened 3/04				390.00
ACCOUNT NO. 76940 Keynote Cons 1501 W Dundee Buffalo Grove, IL 60089		Open account opened 12/07				1,400.00
ACCOUNT NO. Multiple Medstar 7716 W. Madison River Forest, IL 60305		Medical services				1,309.45
ACCOUNT NO. 8032513197 Merchants Cr 223 W Jackson St Suite 900 Chicago, IL 60606		Open account opened 9/03				280.00
ACCOUNT NO. Miller Foot Centers 500 W. Central Rd., #110 Mt. Prospect, IL 60056		Medical services				302.00

Sheet no. 7 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **6,504.45**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 14172147-1 Money Management Dep. 9009 W. Loop South, Ste. 700 Houston, TX 77096		Collection account (Citibank *****3216)				50.00
ACCOUNT NO. 009024 Muhammad A. Shahzad, MD 1730 Park St., Ste. 101 Naperville, IL 60563		Medical services				300.00
ACCOUNT NO. 262927 Nicor Gas 1844 Ferry Road Naperville, IL 60563		Open account opened 5/87				437.00
ACCOUNT NO. Multiple Northwest Community Hospital PO Box 95698 Chicago, IL 60694		Medical services (#48040403, #03 M1-171679, #54748663)				78,888.50
ACCOUNT NO. C.B. Accounts, Inc. 1101 Main St. Peoria, IL 61606		Assignee or other notification for: Northwest Community Hospital				
ACCOUNT NO. Grabowski Law Center PO Box 790 Rosemont, IL 60018		Assignee or other notification for: Northwest Community Hospital				
ACCOUNT NO. OSI Collection Services PO Box 959 Brookfield, WI 53008		Assignee or other notification for: Northwest Community Hospital				

Sheet no. 8 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **79,675.50**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 084-2-8448040403 Northwest Radiology Assoc. 520 E. 22nd St. Lombard, IL 60148		Medical services				2,331.00
ACCOUNT NO. 084-1-0002431571 Northwest Radiology Assoc. 520 E. 22nd St. Lombard, IL 60148		Medical services				478.00
ACCOUNT NO. 047088-00 Northwest Suburban Surgical Specialists 1430 N. Arlington Hts., Rd., Ste. 210 Arlington Hts., IL 60004		Medical services				362.00
ACCOUNT NO. X071004 Palatine Fire Dept. PO Box 457 Wheeling, IL 60090		Medical services				495.00
ACCOUNT NO. 08-193257 Palatine Fire Dept. PO Box 457 Wheeling, IL 60090		Medical services				435.00
ACCOUNT NO. 22398 Palatine Internal Medicine 855 E. Palatine Rd., Ste. 250 Palatine, IL 60074		Medical services				2,075.00
ACCOUNT NO. 419106001 Palatine, Village Of 200 E. Wood St. Palatine, IL 60067		Utility charge				67.76

Sheet no. 9 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **6,243.76**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Pinderski & Pinderski, Ltd. 115 W. Colfax St. Palatine, IL 60067		Legal services				8,826.22
ACCOUNT NO. Multiple Prism Healthcare Services PO Box 33842 North Royalton, OH 44133		Medical services				286.56
ACCOUNT NO. 221-2-0000199512 Professional Cardiac Services 520 E. 22nd St. Lombard, IL 60148		Medical services				492.00
ACCOUNT NO. 221-2-0000199512 Professional Cardiac Services 520 E. 22nd St. Lombard, IL 60148		Medical services				41.00
ACCOUNT NO. KCA Financial Services 628 North Street PO Box Number 53 Geneva, IL 60134		Assignee or other notification for: Professional Cardiac Services				
ACCOUNT NO. 685-2-0000063877 Samer P. Najjar, MD 520 E. 22nd St. Lombard, IL 60148		Medical services				325.00
ACCOUNT NO. Medical Business Services PO Box 1219 Park Ridge, IL 60068		Assignee or other notification for: Samer P. Najjar, MD				

Sheet no. 10 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **9,970.78**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S. Case No. _____ Debtor(s) _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 76949 Scheck And Siress Advanced Orthotics And Prosthetics 1S376 Summit Ave., Court E Oakbrook Terrace, IL 60181		Medical services				309.00
ACCOUNT NO. Credit Management Services 1375 E. Woodfield Rd., Ste. 110 Schaumburg, IL 60173		Assignee or other notification for: Scheck And Siress				
ACCOUNT NO. Transworld Systems 25 Northwest Point Blvd., #750 Elk Grove, IL 60007		Assignee or other notification for: Scheck And Siress				
ACCOUNT NO. ending in 7976 Sears Credit Cards PO Box 183082 Columbus, OH 43218		Revolving credit account				887.42
ACCOUNT NO. Academy Collection Services 10965 Decatur Rd. Philadelphia, PA 19154		Assignee or other notification for: Sears Credit Cards				
ACCOUNT NO. Card Service Center (Citi) PO Box 6921 The Lakes, NV 88901		Assignee or other notification for: Sears Credit Cards				
ACCOUNT NO. United Collection Bureau PO Box 1116 Maumee, OH 43537		Assignee or other notification for: Sears Credit Cards				

Sheet no. 11 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,196.42**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Wlodarczyk, Albert S. Debtor(s) Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Weltman Weinberg & Reis Co. 323 W. Lakeside Ave., Ste. 200 Cleveland, OH 44113		Assignee or other notification for: Sears Credit Cards				
ACCOUNT NO. 5121079669617976 Sears/cbsd Po Box 6189 Sioux Falls, SD 57117		Revolving account opened 12/01				520.00
ACCOUNT NO. 07-306125 Superior Air Ground Amb. Serv. PO Box 1407 Elmhurst, IL 60126		Medical services				1,181.35
ACCOUNT NO. United Recovery Service 18525 Torrence Ave., Ste. C-6 Lansing, IL 60438		Assignee or other notification for: Superior Air Ground Amb. Serv.				
ACCOUNT NO. 07-314315 Superior Air Ground Amb. Serv. PO Box 1407 Elmhurst, IL 60126		Medical services				1,196.00
ACCOUNT NO. Medical Recovery Specialists 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018		Assignee or other notification for: Superior Air Ground Amb. Serv.				
ACCOUNT NO. 5627-VIJA Vijay Rajaram, MD C/O KLO Professional Billing 777 Oakmont Lane, Ste. 1600 Westmont, IL 60559		Medical services				2,921.00

Sheet no. 12 of 12 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **5,818.35**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$ **281,051.16**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ _____	\$ _____
\$ _____	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

3. SUBTOTAL

\$ 0.00	\$ _____
----------------	----------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and Social Security

\$ _____	\$ _____
----------	----------

b. Insurance

\$ _____	\$ _____
----------	----------

c. Union dues

\$ _____	\$ _____
----------	----------

d. Other (specify) _____

\$ _____	\$ _____
----------	----------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00	\$ _____
----------------	----------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00	\$ _____
----------------	----------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ _____	\$ _____
----------	----------

11. Social Security or other government assistance
(Specify) _____

\$ _____	\$ _____
----------	----------

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

\$ _____	\$ _____
----------	----------

(Specify) **Annuity From Father's Injury**

\$ 3,000.00	\$ _____
--------------------	----------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 3,000.00	\$ _____
--------------------	----------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 3,000.00	\$ _____
--------------------	----------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 3,000.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
Debtor is a stroke victim and is currently disabled.

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1,700.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>350.00</u>
b. Water and sewer	\$ <u>65.00</u>
c. Telephone	\$ <u>107.00</u>
d. Other _____	\$ _____
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ <u>400.00</u>
5. Clothing	\$ _____
6. Laundry and dry cleaning	\$ <u>25.00</u>
7. Medical and dental expenses	\$ <u>850.00</u>
8. Transportation (not including car payments)	\$ <u>250.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>175.00</u>
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ _____
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <u>Health Caregiver</u>	\$ <u>216.00</u>
_____	\$ _____
_____	\$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,138.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ <u>3,000.00</u>
b. Average monthly expenses from Line 18 above	\$ <u>4,138.00</u>
c. Monthly net income (a. minus b.)	\$ <u>-1,138.00</u>

IN RE Wlodarczyk, Albert S.

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 21, 2008 Signature: /s/ Albert S. Wlodarczyk
Albert S. Wlodarczyk

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Page 33 of 50
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Wlodarczyk, Albert S.Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2. Income other than from employment or operation of business

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
12,000.00	2008 -- Annuity
36,000.00	2007 -- Annuity
36,000.00	2006 -- Annuity

3. Payments to creditors**Complete a. or b., as appropriate, and c.**

- None ☐ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Washington Mutual v. Wlodarczyk, et al. Case No. 07 CH 27830	Mortgage Foreclosure	Circuit Court of Cook County, IL Chancery Division	Voluntary Dismissal, Non-Suit or Dismiss by Agreement 1/17/08
Alden Long Grove v. Wlodarczyk Case No. 08 M1-105685	Contract	Circuit Court of Cook County, IL First Municipal District	Pending
Northwest Community Hospital v. Wlodarczyk Case No. 03 M1-171679	Collection	Circuit Court of Cook County, IL Municipal Dept., Third District	Pending

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Randall A. Wolff
3325 N. Arlington Hts. Rd., Ste. 500
Arlington Hts., IL 60004

DATE OF PAYMENT, NAME OF
 PAYOR IF OTHER THAN DEBTOR
2/05/08

AMOUNT OF MONEY OR DESCRIPTION
 AND VALUE OF PROPERTY
2,700.00

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 21, 2008 Signature /s/ Albert S. Wlodarczyk
of Debtor **Albert S. Wlodarczyk**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Wlodarczyk, Albert S.

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1022 Golden Gate Lane, Palatine, IL 60067	First Bank				✓
1022 Golden Gate Lane, Palatine, IL 60067	Washington Mutual				✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

09/21/2008**/s/ Albert S. Wlodarczyk**

Date

Albert S. Wlodarczyk

Debtor

Joint Debtor (if applicable)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Wlodarczyk, Albert S.

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 77

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 21, 2008

/s/ Albert S. Wlodarczyk

Debtor

Joint Debtor

Wlodarczyk, Albert S.
1022 N. Golden Gate Lane
Palatine, IL 60067

ATG Credit
PO Box 14895
Chicago, IL 60614

DuPage Pathology Associates
520 E. 22nd St.
Lombard, IL 60148

Randall A. Wolff
3325 N. Arlington Hts. Rd., Ste. 500
Arlington Heights, IL 60004-1584

C.B. Accounts, Inc.
1101 Main St.
Peoria, IL 61606

Elk Grove Cardiology Assoc.
520 E. 22nd St.
Lombard, IL 60148

Academy Collection Services
10965 Decatur Rd.
Philadelphia, PA 19154

Card Service Center (Citi)
PO Box 6921
The Lakes, NV 88901

Elk Grove Lab Physicians
Dept. 77-9154
Chicago, IL 60678

Advantage Ambulance
PO Box 1143
Bedford Park, IL 60499

Cardiovascular Associates
Dept. 20 1027
PO Box 5940
Carol Stream, IL 60197

Elk Grove Radiology
75 Remittance Dr., Ste. 6500
Chicago, IL 60675

Adventist GlenOaks Hospital
PO Box 4657
Oak Brook, IL 60522

CCA
PO Box 298
Norwell, MA 02061

Emergency Room Doctor
BestPractices Of Northwest
PO Box 758682
Baltimore, MD 21275

Alden - Long Grove Rehab & HCC
Box 2308 Old Hicks Road
Long Grove, IL 60047

Codilis, Ernest J., Jr.
15W030 N. Frontage Rd.
Burr Ridge, IL 60527

First Bank
14001 Manchester Rd
Ballwin, MO 63011

Alden Management Services
4200 W. Peterson
Chicago, IL 60646

ComEd
Bill Payment Center
Chicago, IL 60668

First Bank
M1-199-077
PO Box 548
Hazelwood, MO 63042

Alexian Brothers Medical Center
4250 N. Marine Dr., #236
Chicago, IL 60613

Credit Management
4200 International Pkwy
Carrollton, TX 75007

Forum Extended Care
7440 N. Frontage Rd.
Skokie, IL 60077

Arlington Ridge Pathology
520 E. 22nd St.
Lombard, IL 60148

Credit Management Services
1375 E. Woodfield Rd., Ste. 110
Schaumburg, IL 60173

Glenoaks Cardiology
PO Box 7000
Bolingbrook, IL 60440

At And T Credit Management
At&t Credit Manage Po Box 57907
Murray, UT 84157

Department Of The Treasury
Internal Revenue Service
Kansas City, MO 64999-0023

Gott Goldrath & Troy
22285 Pepper Rd., Ste. 201
Barrington, IL 60010

Grabowski Law Center
PO Box 790
Rosemont, IL 60018

Jerome G. Zwierzycki, MD
420 Lake Cook Rd., Ste. 108
Deerfield, IL 60015

Medstar
7716 W. Madison
River Forest, IL 60305

Harris & Harris
600 W. Jackson Blvd., Ste. 400
Chicago, IL 60661

Jolas & Associates
202 1st St., NW
PO Box 4000
Mason City, IA 50401

Merchants Cr
223 W Jackson St Suite 900
Chicago, IL 60606

Harvard Collection
4839 N Elston Ave
Chicago, IL 60630

Jurcik & Hantos
125 E. Lake Cook Rd., Ste. 208
Buffalo Grove, IL 60089

Merchants Credit Guide
223 W. Jackson Blvd.
Chicago, IL 60606

Hashemi Medical Group
4 Executive Ct., Ste. #3
S. Barrington, IL 60010

KCA Financial Services
628 North Street
PO Box Number 53
Geneva, IL 60134

Miller Foot Centers
500 W. Central Rd., #110
Mt. Prospect, IL 60056

I C System
Po Box 64378
Saint Paul, MN 55164

Kca Financial Svcs
628 North St
Geneva, IL 60134

Money Management Dep.
9009 W. Loop South, Ste. 700
Houston, TX 77096

IDES
Northern Region
260 East Indian Trail Road
Aurora, IL 60505

Kenneth Fisch, Esq.
4200 W. Peterson, #140
Chicago, IL 60646

Muhammad A. Shahzad, MD
1730 Park St., Ste. 101
Naperville, IL 60563

IL Dept. Of Revenue
Springfield, IL 62736-0001

Keynote Cons
1501 W Dundee
Buffalo Grove, IL 60089

Nicor Gas
1844 Ferry Road
Naperville, IL 60563

Illinois Collection Se
8231 185th St Ste 100
Tinley Park, IL 60487

Malcolm G. Gerald & Assoc.
332 S. Michigan Ave., Ste. 600
Chicago, IL 60604,

North American Credit Services
PO Box 182221
Chattanooga, TN 37422-7221

Illinois Medi Car
PO Box 1407
Elmhurst, IL 60126

Medical Business Services
PO Box 1219
Park Ridge, IL 60068

Northwest Community Hospital
PO Box 95698
Chicago, IL 60694

Jacob L. Moskovic, MD
120 W. Eastman, #202
Arlington Hts., IL 60004

Medical Recovery Specialists
2250 E. Devon Ave., Ste. 352
Des Plaines, IL 60018

Northwest Radiology Assoc.
520 E. 22nd St.
Lombard, IL 60148

Northwest Suburban Surgical Specialists
1430 N. Arlington Hts., Rd., Ste. 210
Arlington Hts., IL 60004

Sears Credit Cards
PO Box 183082
Columbus, OH 43218

OSI Collection Services
PO Box 959
Brookfield, WI 53008

Sears/cbsd
Po Box 6189
Sioux Falls, SD 57117

Palatine Fire Dept.
PO Box 457
Wheeling, IL 60090

Superior Air Ground Amb. Serv.
PO Box 1407
Elmhurst, IL 60126

Palatine Internal Medicine
855 E. Palatine Rd., Ste. 250
Palatine, IL 60074

Transworld Systems
25 Northwest Point Blvd., #750
Elk Grove, IL 60007

Palatine, Village Of
200 E. Wood St.
Palatine, IL 60067

United Collection Bureau
PO Box 1116
Maumee, OH 43537

Pinderski & Pinderski, Ltd.
115 W. Colfax St.
Palatine, IL 60067

United Recovery Service
18525 Torrence Ave., Ste. C-6
Lansing, IL 60438

Prism Healthcare Services
PO Box 33842
North Royalton, OH 44133

Vijay Rajaram, MD
C/O KLO Professional Billing
777 Oakmont Lane, Ste. 1600
Westmont, IL 60559

Professional Cardiac Services
520 E. 22nd St.
Lombard, IL 60148

Washington Mutual
Po Box 1093
Northridge, CA 91328

Samer P. Najjar, MD
520 E. 22nd St.
Lombard, IL 60148

Weltman Weinberg & Reis Co.
323 W. Lakeside Ave., Ste. 200
Cleveland, OH 44113

Scheck And Siress
Advanced Orthotics And Prosthetics
1S376 Summit Ave., Court E
Oakbrook Terrace, IL 60181

**United States Bankruptcy Court
Northern District of Illinois**

IN RE:

Case No. _____

Wlodarczyk, Albert S.Chapter **7**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **2,700.00**Prior to the filing of this statement I have received \$ **2,700.00**Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 21, 2008

Date

/s/ Randall A. Wolff

Signature of Attorney

Randall A. Wolff

Name of Law Firm

B22A (Official Form 22A) (Chapter 7) (01/08)In re: **Wlodarczyk, Albert S.**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☐ **The presumption arises**☒ **The presumption does not arise**

(Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

1A

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.

a. ☒ **Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.**

b. ☐ **Married, not filing jointly, with declaration of separate households.** By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." **Complete only Column A ("Debtor's Income") for Lines 3-11.**

c. ☐ **Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.**

d. ☐ **Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.

**Column A
Debtor's
Income****Column B
Spouse's
Income**

3

Gross wages, salary, tips, bonuses, overtime, commissions.

\$

\$

4

Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part V.**

a. Gross receipts

\$

b. Ordinary and necessary business expenses

\$

c. Business income

Subtract Line b from Line a

\$

\$

B22A (Official Form 22A) (Chapter 7) (01/08)

5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.						
	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	c.	Rent and other real property income	Subtract Line b from Line a				
			\$	\$			
6	Interest, dividends, and royalties.		\$	\$			
7	Pension and retirement income.		\$ 3,000.00	\$			
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$	\$			
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td><td style="width: 20%;">Debtor \$ _____</td><td style="width: 40%;">Spouse \$ _____</td></tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____					
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.		\$				
	b.		\$				
	Total and enter on Line 10		\$	\$			
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 3,000.00	\$			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$ 3,000.00				
Part III. APPLICATION OF § 707(B)(7) EXCLUSION							
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.			\$ 36,000.00			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>1</u>			\$ 44,673.00			
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
	<input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.						
	<input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

B22A (Official Form 22A) (Chapter 7) (01/08)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$									
17	<p>Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	\$
a.		\$									
b.		\$									
c.		\$									
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$									

Part V. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	<p>National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$																								
19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td></td> <td>a2.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal		\$
Household members under 65 years of age			Household members 65 years of age or older																								
a1.	Allowance per member		a2.	Allowance per member																							
b1.	Number of members		b2.	Number of members																							
c1.	Subtotal		c2.	Subtotal																							
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).</p>		\$																								
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																									
c.	Net mortgage/rental expense	Subtract Line b from Line a																									

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21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 30%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									

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25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$									
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$									
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$									
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32											
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: center;">\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									

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37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$																									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$																									
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$																									
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$																									
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$																									
Subpart C: Deductions for Debt Payment																											
42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 15%;">Average Monthly Payment</th><th style="width: 20%;">Does payment include taxes or insurance?</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: right;">\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: right;">\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: right;">\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td><td></td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no		Total: Add lines a, b and c.				\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																							
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
	Total: Add lines a, b and c.																										
43	<p>Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 35%;">1/60th of the Cure Amount</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$		Total: Add lines a, b and c.			\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																								
a.			\$																								
b.			\$																								
c.			\$																								
	Total: Add lines a, b and c.																										
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$																									

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45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.		\$
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		X
	c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b
			\$	
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$	
Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.		\$	
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.		\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.		\$	
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$	
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.		\$	
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.			

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Part VII. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
Total: Add Lines a, b and c		\$

Part VIII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: **September 21, 2008** Signature: **/s/ Albert S. Wlodarczyk**
(Debtor)

Date: _____ Signature: _____
(Joint Debtor, if any)